

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/462796	FILING DATE 8/9/04
						APPLICANT(S)	
11/2/00 4/29/02 CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2			1		1		
3			1		1		
4			1		1		
5			1		1		
6				5		5	
7				5		5	
8							
9			1		1		
10			1		1		
11			1		1		
12			1		1		
13			1		1		
14			1		1		
15			1		1		
16			1		1		
17			1		1		
18			1		1		
19			1		1		
20				12		12	
21				12		12	
22			1		1		
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
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40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.			16		16		
TOTAL DEP.			34		34		
TOTAL CLAIMS			50		50		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/462796</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">8/9/04</div>			
						APPLICANT(S) <div style="font-size: 1.2em; font-family: cursive;">8/9/04</div>					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
31							71				
32							72				
33							73				
34							74				
35							75				
36							76				
37							77				
38							78				
39							79				
40							80				
41							81				
42							82				
43							83				
44							84				
45							85				
46							86				
47							87				
48							88				
49							89				
50							90				
							91				
							92				
							93				
							94				
							95				
							96				
							97				
							98				
							99				
							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/462796

FILING DATE

8/9/04

APPLICANT(S)

1/21/03

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.			2		2	
TOTAL DEP.							TOTAL DEP.			18		18	
TOTAL CLAIMS							TOTAL CLAIMS			20		20	